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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/597,932 | | | ing Date 11/2006 | To be Mailed |
|---|---|---|------------|---|------------------|---|--|------------------------|----|-----------------------|------------------------|
| APPLICATION AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | | | HER THAN |
| | FOR | N | UMBER FI | LED NU | NUMBER EXTRA | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) |
| | BASIC FEE (37 CFR 1 16(a), (b), | or (c)) | N/A | | N/A | 1 | N/A | | 1 | N/A | |
| | SEARCH FEE (37 CFR 1 16(k), (i), | or (m)) | N/A | | N/A | 1 | N/A | | 1 | N/A | |
| | EXAMINATION FE (37 CFR 1.16(o), (p), | E | N/A | | N/A | 1 | N/A | | 1 | N/A | |
| | FAL CLAIMS CFR 1 16(i)) | | minus 20 = | | | 1 | X \$ = | | OR | x s = | |
| IND (37 | EPENDENT CLAIM CFR 1.16(h)) | IS | m | inus 3 = * | | l | X \$ = 1 | | 1 | x s = | |
| ☐APPLICATION SIZE FEE (37 GFR 1.16(a)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1/ft)(3) and 37 GFR 1.16(s). | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | |] | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | |] | TOTAL | |
| APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMAL | L ENTITY | OR | | ER THAN ALL ENTITY |
| AMENDMENT | 10/24/2011 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1.16()) | · 22 | Minus | 49 | = 0 |] | X \$ = | | OR | X \$60= | 0 |
| | Independent (37 CFR 1.16(h)) | - 3 | Minus | 7 | = 0 | | x s = | | OR | X \$250= | 0 |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | |
| ENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) |
| | Total (37 CFR 1,16()) | | Minus | | - | | X \$ = | | OR | X 8 = | |
| Δ | Independent (37 CFR 1 16(h)) | * | Minus | *** | - |] | X \$ = | | OR | X \$ = | |
| N N | Application Size Fee (37 CFR 1.16(s)) | | | | |] | | |] | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | ı | | | OR | | |
| | | | | | | | | | OR | TOTAL ADD'L FEE | |
| *If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The Selection Clinication is sourced by 20 CES 11.6 This information is sourced to obtain or state in a benefit by the pacific which is to file (and by the Ital ISET) to | | | | | | | | | | | |

This collection of information is required by 37 CFR 11.6. The information is required to delian or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially 39 owered by 38 owered by 38 CFR 11.6. This collection is estimated to take 12 nimulates to complete, including gathering, preparing, and submitting the completed application form to the USE 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CFR Information CFR. U. S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. SAT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. NOT ISSO, J.O. NOT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. NOT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. NOT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. NOT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. NOT 1450, Alexandrius, VA 22319.4. Box D.O. NOT ISSO, J.O. NOT 1450, Alexandrius, VA 22319.4. Box D.O. NOT 1450, Alexandrius, VA 22319.4. Box D